

## Attachment C

### Payment Reform Initiative (PRI) Shared Savings Arrangement Certification

**Contractor Name:** \_\_\_\_\_

**Contract Year:** 10/1/2013 - 9/30/2014

	(1)	(2)	(3)	(4) = (2) + (3)	(5) = (3) / (1)	(6) = (4) / (1)
Service Category	Projected Health Care Cost PMPM <sup>(1)</sup>	Projected PMPM Under Shared Savings Arrangements <sup>(2)</sup>	Projected PMPM Under Sub-capitated Arrangements with no SS <sup>(3)</sup>	Projected PMPM Under Shared Savings or Sub-capitated Arrangements	% Under Sub-capitated Arrangements with no SS <sup>(4)</sup>	% Under Shared Savings or Sub-capitated Arrangements <sup>(5)</sup>
Hospital Inpatient	181.62	18.16		18.16	0.0%	10.0%
Outpatient facility	41.82	4.18		4.18	0.0%	10.0%
Emergency--facility	71.60			-	0.0%	0.0%
Physician	130.04	3.00	10.00	13.00	7.7%	10.0%
Other Professional	18.31			-	0.0%	0.0%
Pharmacy	121.18			-	0.0%	0.0%
Lab & Radiology	36.83			-	0.0%	0.0%
Physical Therapy	0.18			-	0.0%	0.0%
DME	7.30			-	0.0%	0.0%
Nursing Fac. & H. Health	13.51			-	0.0%	0.0%
Transportation	41.89			-	0.0%	0.0%
Dental	1.62			-	0.0%	0.0%
<b>Total **</b>	<b>\$ 665.88</b>	<b>\$ 25.34</b>	<b>\$ 10.00</b>	<b>\$ 35.34</b>	<b>1.5%</b>	<b>5.3%</b>

<sup>(1)</sup> PMPM for payments under all contracts executed with health care providers

<sup>(2)</sup> Includes sub-capitated arrangements that have a shared savings component

<sup>(3)</sup> Applies to sub-capitated arrangements that do not also have a shared savings (SS) component

<sup>(4)</sup> Total percentage must not be greater than 2.5%

<sup>(5)</sup> Total percentage must be greater than or equal to 5%

I certify that the information provided in the certification is accurate and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Must be signed by Chief Financial Officer of Contractor

Submit form to AHCCCS Division of Health Care Management - Finance Manager